

Smith&Hopen, P. A.

003/004

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21901 7590 12/13/2004

SMITH & HOPEN PA
15950 BAY VISTA DRIVE
SUITE 220
CLEARWATER, FL 33760

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Charlene Morgan

(Depositor's name)

Charlene Morgan

(Signature)

December 22, 2004

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/708,710 | 03/19/2004 | John S. Fisher | 1139.20.DIV1 | 2709 |

TITLE OF INVENTION: DUAL ACTION ASPIRATION BIOPSY NEEDLE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 03/14/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------------|----------|----------------|
| MARMOR II, CHARLES ALAN | 3736 | 600-370000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ronald E. Smith2. Smith & Hopen, P.A.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Biopsy Sciences, LLC

Clearwater, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

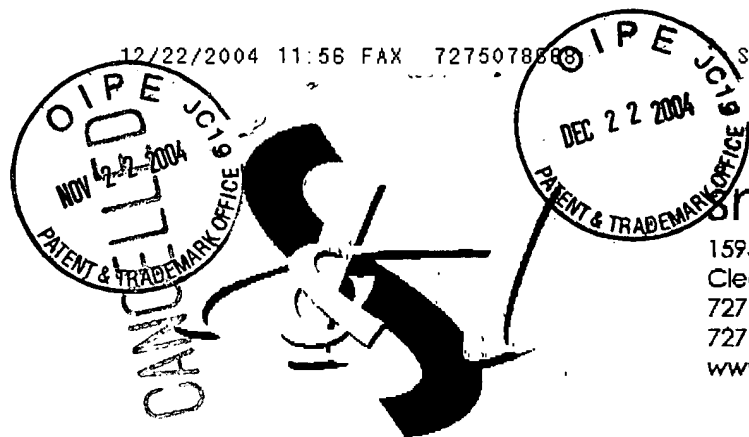
Authorized Signature

Ronald E. Smith

Date December 22, 2004Typed or printed name Ronald E. SmithRegistration No. 28,761

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Smith & hopen, p.a.

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INTELLECTUAL PROPERTY LAW

| | | | |
|--|--------------------------------|---------|------------------------|
| To: | U.S. Patent & Trademark Office | From: | Ronald E. Smith |
| Attn: | Mail Stop Issue Fee | Client: | 1139.20.DIV1 |
| Fax: | (703) 746-4000 | Pages: | 4 including coversheet |
| Phone: | | Date: | December 22, 2004 |
| Re: | USSN 10/708,710 | CC: | John S. Fisher, M.D. |
| <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle | | | |

Dear Sir:

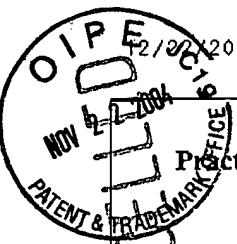
In response to the Notice of Allowance mailed December 13, 2004, we enclose the following:

- 1) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated December 22, 2004 (1 page);
- 2) Form PTOL-85 (1 page); and
- 3) Credit Card Payment Form PTO-2038 in the amount of \$1,000.00 (1 page).

Very respectfully,

Ronald E. Smith
Reg. No. 28,761

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Practitioner's Docket No: 1139.20.DIV1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: John S. Fisher

Serial No.: 10/708,710

Filed: 03/19/2004

For: Dual Action Aspiration Biopsy Needle



Art Unit: 3736

Examiner: Charles Alan Marmor II

Confirmation No. 2709

Faxed to (703) 746-4000
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue and publication fees for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a) and (d)):


Regular

Application status is Small Entity—fee:

\$1,000.00

3. Payment of fee:
Enclosed please find Credit Card Payment Form PTO-2038 for \$1,000.00

Reg. No. 28,761
Tel. No.: (727) 507-8558

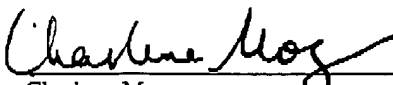


SIGNATURE OF PRACTITIONER
Ronald E. Smith
Suite 220
15950 Bay Vista Drive
Clearwater, FL 33760

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (703) 746-4000 on December 22, 2004.

Dated: December 22, 2004



Charlene Morgan